**ANALYSIS REQUEST FORM – NMR Honey Profiling**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **COMPANY DETAILS (To Appear on Report)** | | | | **COMMENTS/SPECIAL INSTRUCTIONS** | | | | |
| **Company or Client Name** | | Required | | | |  | | | | |
| **Contact Person** | | Required | **Phone #** | | Required |
| **Address** | |  | | | |
| **E-mail Report To** | | Required | | | | **Reference**  Max 15 characters | |  | | |
| **Invoice Client** | |  | | | | **Purchase Order**  Max 15 characters | |  | | |
| **Invoice Email** | |  | | | | ***Laboratory ID Number*** | | | ***Date*** | ***Received By*** |
| **SAMPLE INFORMATION (ESSENTIAL FOR REPORTING)** | | | | | | | | | | |
| **#** | **Sample ID** | **Expected Floral Type** | | **Country of Origin** | | | **Comments** | | | |
|  | Required | Required | | Required | | |  | | | |
|  | Required | Required | | Required | | |  | | | |
|  | Required | Required | | Required | | |  | | | |
|  | Required | Required | | Required | | |  | | | |
| 5. | Required | Required | | Required | | |  | | | |